

## CLAIMS ONLY

Application Number

10/671 791

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2			1			
3						
4			2			
5						
6			1			
7						
8			1			
9						
10			1			
11						
12			1			
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46						
47						
48						
49						
50						
Total Indep			3			
Total Depend			7			
Total Claims			10			

\* May be used for additional claims or amendments

61	Indep	Depend	Indep	Depend	Indep	Depend
62						
63						
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69						
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100						
Total Indep						
Total Depend						
Total Claims						